## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90025 001 \*\*\*150.00

] 103/100/11/0 (8/0) 10/0) 08/04 08/04 08/04 08/04 08/04 18/04 08/04 08/04 08/08 08/08 08/08 08/08 08/04 08/04

## DOCUMENT # P98000107636 1. Corporation Name

PINE COMMUNICATIONS CORP.

ļ																	
Principal Place of Business Mailing Address																• ••••	
222 LAKEVIEW AVE STE. 160-217 WEST PALM BEACH FL 33401			222 LAKEVIEW AVE., STE. 160-217 WEST PALM BEACH FL 33401								DO NOT	WRIT	E IN TH	S SPACE			
									1		corporate	ed or Qua	alifed				
<u></u>										12/21/							
	lace of Business	<u> </u>	2a. Mailing Address							FEI Nu	mber				1	<u> </u>	ed For
21		26	265 St		Ave	nue	<u> </u>		_						\$8.75		pplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						. 5	Certifo	ite of Sta	tus Desi	red			) Add Recui	
City & S ate			27 Suite 204 City & State							Electio	on Campaign Financing				\$5.0		
23	.c	28	1		FL.				- 1		und Conf		icing		Added		
	Zip Country			<u> </u>			Country			8. This corporation owes the current year					ntangible		
24	25	33480	33480 30			USA			Personal Property Tax.				∐Yes	[]	No		
	9. Name and Address of Current		Registered Agent						10.	Name	and Add	ress of l	New R	egistered	1 Agent		
						81	Na	ime									
MINTMIRE, DONALD F						82	Sti	eet Ac dr	ess (P.	.O. Box	Number	is Not A	cceptal	ble)		—-	
1	SUNRISE AVE., STE. 204																
PALM	I BEACH FL 33480					83											
						84	Cit								85 Zig	р Сою	le
														<u> </u>			
office cri agent. la	to the provisions of Sections egistered agent, or both, in the familiar with, and accept the sections are sections.	he State cf Flor	rida. Such cha	inge was ai	uthorize	ed by i	the o	orpore tic	on's bo	ard of o	irectors.	l hereby	accep	the appo	ointment as	reg st	ered
SIGNATUFE	Signature, typed or printed na ne of re-	gistered agent and title	e if applicable.	(NOT	Registere	d Agen	t signa	ature require						DATE			
12.	OFFIC	CERS AND DIR			13					ADDITIO	NS/CHA	NGES T	O OFF	ICERS A	ND DIRECT		
TITLE	PST	) I		1.17	1.1 TITLE								Change	e	☐ Addition		
NAME	Donald F. Mintmire					VAME											
STREET ADDRESS	222 241101201 1110 #1		60-217			1.3 STREET ADDRESS											
CITY-ST-ZIP	West Palm Beach, FL		33401 DELETE		1.4 CITY-5 2.1 TITLE		T-ZIP	-+-							☐ Change		Addition
TITLE			□ Dere≀e													C	
NAME	20				-	NAMÉ											
STREET ADDRESS						2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							-				
TITLE				☐ DELETE		3.1 TITLE									Change	— —	Addition
NAME		·		•	3.2 NAME										_		
STREET ADDRESS					33 STREE		ADDE	ess									
CITY-ST-ZIP					3.4, CITY-												
TITLE				DELETE	4.1 TITLE										Change	e -	Addition
NAME					4. 2 NAME												
STREET ADDRESS					4.3 9	STREET	ADDF	ESS									
CITY-ST-ZIP					4.4 (	CITY-ST	T-ZIP										
TITLE				DELETE		TITLE		T-		·					☐ Change	e '	Addition
NAME						NAME											
STREET ADDRESS						STREET		(ESS									
CITY-ST-ZIP			5.4			5.4 CITY-ST-ZIP											

CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report, or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made or derivation officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.1 TITLE

62 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

□ DELETE

☐ Change

Addition